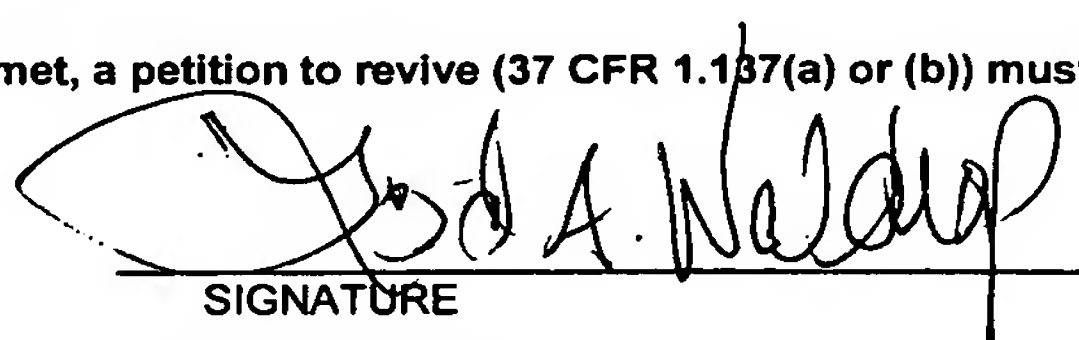


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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   | ATTORNEY'S DOCKET NUMBER<br><b>2004DE002-</b><br>U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/594176</b> |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/EP2005/003003</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INTERNATIONAL FILING DATE<br><b>22 March 2005</b> | PRIORITY DATE CLAIMED<br><b>26 March 2004</b>                                                                        |
| TITLE OF INVENTION <b>Basic Aluminium Halogenide Complexes</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                                                                                      |
| APPLICANT(S) FOR DO/EO/US <b>Norbert ROESCH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                      |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                      |
| <div style="margin-left: 20px;"><div>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. § 371.</div><div>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</div><div>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</div><div>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</div><div>5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<div style="margin-left: 20px;"><div>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</div><div>b. <input type="checkbox"/> has been communicated by the International Bureau.</div><div>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</div></div></div><div>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).<div style="margin-left: 20px;"><div>a. <input checked="" type="checkbox"/> is attached hereto.</div><div>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</div></div></div><div>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))<div style="margin-left: 20px;"><div>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</div><div>b. <input type="checkbox"/> have been communicated by the International Bureau.</div><div>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has <b>NOT</b> expired.</div><div>d. <input checked="" type="checkbox"/> have not been made and will not be made.</div></div></div><div>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</div><div>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</div><div>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</div><div style="margin-left: 20px;">Items 11 to 20 below concern document(s) or information included:<div>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</div><div>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</div><div>13. <input checked="" type="checkbox"/> A preliminary amendment.</div><div>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</div><div>15. <input type="checkbox"/> A substitute specification.</div><div>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</div><div>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825.</div><div>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</div><div>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</div><div>20. <input checked="" type="checkbox"/> Other items or information: <b>See Attachment I</b></div></div></div> |                                                   |                                                                                                                      |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                                                                                                                                                                                                                                                       |              |                                                                               |                                                                                                                                                               |                                       |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/594176</b>                                                                                                                                                                                                                                                   |              | INTERNATIONAL APPLICATION NO.<br>PCT/EP2005/003003                            |                                                                                                                                                               | ATTORNEY'S DOCKET NUMBER<br>2004DE002 |              |
| The following fees have been submitted                                                                                                                                                                                                                                                                                |              |                                                                               |                                                                                                                                                               | CALCULATIONS                          | PTO USE ONLY |
| 21. <input checked="" type="checkbox"/> Basic national fee..... \$300                                                                                                                                                                                                                                                 |              |                                                                               |                                                                                                                                                               | \$ 300.00                             |              |
| 22. <input checked="" type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)..... \$100<br>All other situations..... \$200                                                                                 |              |                                                                               |                                                                                                                                                               | \$ 200.00                             |              |
| 23. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100<br>International Search Report prepared and provided to the Office..... \$400<br>All other situations..... \$500 |              |                                                                               |                                                                                                                                                               | \$ 400.00                             |              |
| TOTAL OF 21, 22 and 23 =                                                                                                                                                                                                                                                                                              |              |                                                                               |                                                                                                                                                               | \$ 900.00                             |              |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium).<br>The fee is \$250 for each additional 50 sheets of paper or fraction thereof.                                         |              |                                                                               |                                                                                                                                                               |                                       |              |
| Total Sheets                                                                                                                                                                                                                                                                                                          | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE                                                                                                                                                          |                                       |              |
| 11 - 100 =                                                                                                                                                                                                                                                                                                            | - 89 / 50 =  |                                                                               | x \$250                                                                                                                                                       | \$ 0.00                               |              |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).                                                                                                                                                                          |              |                                                                               |                                                                                                                                                               | \$ 0.00                               |              |
| CLAIMS                                                                                                                                                                                                                                                                                                                | NUMBER FILED | NUMBER EXTRA                                                                  | RATE                                                                                                                                                          |                                       |              |
| Total claims                                                                                                                                                                                                                                                                                                          | 20 - 20 =    | 0                                                                             | x \$ 50                                                                                                                                                       | \$ 0.00                               |              |
| Independent claims                                                                                                                                                                                                                                                                                                    | 3 - 3 =      | 0                                                                             | x \$200                                                                                                                                                       | \$ 0.00                               |              |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                           |              |                                                                               | + \$360                                                                                                                                                       | \$ 0.00                               |              |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                         |              |                                                                               |                                                                                                                                                               | \$ 900.00                             |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.                                                                                                                                                                                                        |              |                                                                               |                                                                                                                                                               | 0.00                                  |              |
| SUBTOTAL =                                                                                                                                                                                                                                                                                                            |              |                                                                               |                                                                                                                                                               | \$ 900.00                             |              |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).                                                                                                                                                                     |              |                                                                               |                                                                                                                                                               | \$ 0.00                               |              |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                                  |              |                                                                               |                                                                                                                                                               | \$ 900.00                             |              |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                |              |                                                                               |                                                                                                                                                               | \$ 0.00                               |              |
| TOTAL FEES ENCLOSED =                                                                                                                                                                                                                                                                                                 |              |                                                                               |                                                                                                                                                               | \$ 900.00                             |              |
|                                                                                                                                                                                                                                                                                                                       |              |                                                                               |                                                                                                                                                               | Amount to be refunded:                | \$           |
|                                                                                                                                                                                                                                                                                                                       |              |                                                                               |                                                                                                                                                               | Amount to be charged:                 | \$           |
| a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.                                                                                                                                                                                                                    |              |                                                                               |                                                                                                                                                               |                                       |              |
| b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>03-2060</u> in the amount of \$ <u>900.00</u> to cover the above fees.<br>A duplicate copy of this sheet is enclosed.                                                                                                                  |              |                                                                               |                                                                                                                                                               |                                       |              |
| c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>03-2060</u> . A duplicate copy of this sheet is enclosed.                                                                       |              |                                                                               |                                                                                                                                                               |                                       |              |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.                                                          |              |                                                                               |                                                                                                                                                               |                                       |              |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.                                                                                                        |              |                                                                               |                                                                                                                                                               |                                       |              |
| SEND ALL CORRESPONDENCE TO:<br>Tod A. Waldrop<br>Clariant Corporation<br>Intellectual Property Law Department<br>4000 Monroe Road<br>Charlotte, NC 28205                                                                                                                                                              |              |                                                                               | <br>SIGNATURE<br>Tod A. Waldrop<br>NAME<br>56,260<br>REGISTRATION NUMBER |                                       |              |
| <b>CUSTOMER NO. 25,255</b>                                                                                                                                                                                                                                                                                            |              |                                                                               |                                                                                                                                                               |                                       |              |

Express Mail Label Number EQ 533364157 US

IAP16 Rec'd PCT/PTO 25 SEP 2006

10/594176

## Addendum

### Attachment 1

- Express Mail Label No. EQ 533364112 US;
- Notification of the Recording of a Change (1 page)
- Copy of International Search Report (2 pages)

10/594176

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Express Mail Label Number EQ 533364157 US**

**Date of Mailing: September 25, 2006**

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that on the date indicated above this International application and the documents referred to as enclosed therein, of:

- CERTIFICATION UNDER 37 CFR 1.10 (Express Mail) (1 page)
- TRANSMITTAL LETTER TO THE DO/EO/US (3 pages) w/ duplicate (6 pages)
- Notification of the Recording of a Change (1 page)
- Copy of International Search Report (2 pages)
- Preliminary Amendment (07 pages)
- Copy of the English Translation of International Application (11 PAGES SPECIFICATION, claims & Abstract); (claims 7 in number)
- Postage pre-paid Postcard Receipt

**Inventor: Norbert ROESCH**

**Title: Basic Aluminium Halogenide Complexes**

**International Application No.: PCT/EP2005/003003**

**International Filing Date: 22 March 2005**

**Priority Filing Date: 26 March 2004**

is being deposited with the United States Postal Service as "Post Office to Addressee" Express Mail addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, Mail Stop:, in accordance with 37 CFR 1.10.

  
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Vicki L. Sgro